DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32741

Dr. FILED OCT 13 1943

Registration District No. 33 Scott Morley, Mo.

Primary Registration District No. 4489

Registrar's No.

1. PLACE OF DEATH:

(a) County Vanduser, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location) X

(d) Length of stay: In hospital or institution 1

In this community X (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Half Mile South East Vanduser (If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Jessie Albert Curtis

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex 0 M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May (Month) 2 (Day) 1888 (Year)

8. AGE: Years 55 Months 4 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Johnson Co. Ark (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Unkown

13. Birthplace Unkown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Alice Kelley

15. Birthplace Unkown (City, town, or county) (State or foreign country)

16. (a) Informant Lester Curtis

(b) Address Chaffee Mo. R.F.D. # 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/43 (Month) (Day) (Year)

(c) Place: burial or cremation Morley Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) ____ (Date received local registrar) (b) X (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, 30 day ____ year 1943 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death I never saw him until after death	
Due to According to Records	
Due to history he had an heart attack	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? yes (e) Means of injury

23. Signature M.D. Mayfield (M. D. or other)

Address Vanduser, Mo. Date signed 10-2-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 13 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Lebanon Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—5-43
I X36930

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

E.P.

State File No. 32711

Registration District No. 332 Primary Registration District No. 4489 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Vanduser (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jessie Albert Martin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 2 (Day) (Year)

8. AGE: Years 55 Months 4 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Ark
10. Usual occupation
11. Industry or business
MOTHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
FATHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 9
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Dust Pneumonia	
Heart attack	
Due to	
Due to N-M-O.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

95c4

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M D Unsigned (M. D. or other)
Address Date signed

SUPPLEMENTARY

No. 2B
—5-43
I X36930

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 041

Registration District No. 332 Primary Registration District No. 4489 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Vanduser (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. one half mile S E Vandus (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jessie Albert Curtis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Della
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 2 (Day) 1888 (Year)

8. AGE: Years 55 Months 4 Days Unless less than one day Hours min.

9. Birthplace Johnson Co (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Curtis
13. Birthplace Unk (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Alice Kelley
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant Lester Curtis
(b) Address Chaffee Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Morley Mo.
18. (a) Signature of funeral director H. H. Albritton
(b) Address Sikeston Mo.
19. (a) Oct. 15-43 (Date received local registrar) (b) Mrs. W. Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

SUPPLEMENTARY

Immediate cause of death I never saw this until after death (Duration)
Due to according to family history
Due to he had a heart attack
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M D Mayfield (M. D. or other)
Address Vanduser Mo. Date signed